MAXIMUS Federal Services

Case Number:	CM15-0197403		
Date Assigned:	10/12/2015	Date of Injury:	01/26/2011
Decision Date:	11/30/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/07/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented 26-year-old who has filed a claim for chronic foot pain reportedly associated with an industrial injury of January 26, 2011. In a Utilization Review report dated September 24, 2015, the claims administrator failed to approve requests for a urine drug screen and a podiatry consultation. The claims administrator invoked non-MTUS Chapter 7 ACOEM Guidelines and non-MTUS ODG Guidelines in its decision to deny the podiatry consultation and, moreover, mislabeled the former as originating from the MTUS. A September 17, 2015 date of service was referenced in the determination. On an RFA form dated September 17, 2015, podiatry consultation, urine drug screen, and DNA testing were seemingly sought. On an associated handwritten progress note dated September 10, 2015, the applicant reported ongoing complaints of foot and toe pain, worsening, 7-10/10. Driving and working remained problematic, the treating provider reported. The applicant contended that Tylenol was not helpful. The note comprised, in large part, of pre-printed checkboxes. Healed scars were noted about the first 3 digits of the foot with dysesthesias also appreciated about the same. X-rays of multiple body parts, including the foot, were ordered, along with DNA testing, naproxen, a metatarsal pad, and a urinalysis/urine drug screen. An associated bill dated September 10, 2015 suggested that the request in fact represented a request for drug testing which included quantitative drug testing to include multiple different opioid, benzodiazepine, and amphetamine metabolites. The September 10, 2015 did explicitly state that confirmatory drug testing was performed.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

UTS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: No, the request for a "UTS" is not medically necessary, medically appropriate, or indicated here. The request in question, per a bill dated September 10, 2015 and per the claims administrator's Utilization Review report, in fact represented request for urine drug testing. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend drug testing as an option to assess for the presence or absence of illegal drugs in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider attach an applicant's complete medication list to the request for authorization for testing, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, clearly state which drug tests and/or drug panels he intended to test for, attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing, and categorize applicants into higher- or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, the handwritten September 10, 2015 office visit made no mention when the applicant was last tested. It was not stated why confirmatory and quantitative testing was performed in the face of the unfavorable ODG position on the same. There was no mention of whether the applicant was a higher- or lower-risk individual for whom more or less frequent drug testing would have been indicated. Since multiple ODG criteria for pursuit of drug testing were not seemingly met, the request was not indicated. Therefore, the request is not medically necessary.

Podiatry consult right foot: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: Conversely, the request for a podiatry consultation for the foot is medically necessary, medically appropriate, and indicated here. As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent pain complaints, which prove recalcitrant to conservative management, should lead the primary treating provider to reconsider

the operating diagnosis to determine whether a specialist evaluation is necessary. Here, the applicant reported 7-10/10 pain complaints on the September 10, 2015 office visit at issue. The applicant had visible scarring present about the injured foot. The applicant's work status was not explicitly stated, suggesting that the applicant was not, in fact, working. Obtaining the added expertise of a podiatrist was, thus, indicated, on several levels, including, potentially, for treatment formulation purposes. Therefore, the request is medically necessary.